

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 101595288	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1							51	
2							52	
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47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.		←		←		←	TOTAL DEP.	←
TOTAL CLAIMS							TOTAL CLAIMS	

PTO - 1140 (REV. 11/84)

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